

**FIFTH ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
SANTA ROSA CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted November 8-10, 2016

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

CAP Assessment Distributed on December 21, 2018

CAP Assessment of Santa Rosa Correctional Institution

I. Overview

On November 8-10, 2016, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Santa Rosa Correctional Institution (SARCI). The survey report was distributed on December 5, 2016. In January 2017, SARCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2016 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On June 13, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on June 28, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 8 of 8 physical health findings and 12 of 28 mental health findings were corrected at the Main Unit. Additionally, 12 of 13 physical health findings and 11 of 24 mental health findings were corrected at the Annex.

On September 14, 2017, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 22, 2017 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 3 of 16 mental health findings were corrected on the Main Unit. CF-1 was added for in-service training, monitoring, and corrective action. Additionally, 1 of 1 physical health findings and 8 of 13 mental health findings were corrected at the Annex.

On January 3, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on February 16, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 14 mental health findings were corrected on the Main Unit and 0 of 5 mental health findings were corrected at the Annex. Additionally, CF-2 was added for in-service education, monitoring, and corrective action.

On September 4, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 27-28, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 7 of 13 mental health findings were corrected on the Main Unit and 4 of 6 mental health findings were corrected at the Annex.

On November 9, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on December 18, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items

II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

A. Main Unit

All physical health findings are closed.

B. Annex

All physical health findings are closed.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 4 of 6 mental health findings were corrected. Two mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>MH-8: In 2 of 8 applicable records (13 reviewed), psychotropic medications ordered were not continued as directed while the inmate was held in special housing.</p>	<p>MH-8 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-8 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-13: In 2 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-14: In 4 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p>	<p>MH-13 & MH-14 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13 & MH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES</u></p> <p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-17: In 1 of 5 applicable records, current psychotropic medications were not continued until the inmate saw the psychiatrist upon transfer into the institution.</p> <p>MH-22: In 8 records, there was no documentation that the inmate received the services listed in the ISP.</p> <p>MH-24: In 5 of 12 applicable records, individual or group counseling for inmates in close management status was not offered weekly and there was no evidence of refusal.</p>	<p>MH-17 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-17.</p> <p>MH-22 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-22 will remain open.</p> <p>MH-24 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-24.</p>

B. Annex Unit

The CAP closure files revealed sufficient evidence to determine that 2 of 2 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></p> <p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-5: In 1 of 3 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p>MH-6: In 1 of 4 applicable records, follow-up lab tests were not completed as required.</p>	<p>MH-5 & MH-6 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 & MH-6.</p>

IV. Conclusion

Physical Health Main Unit

All physical health findings are closed

Physical Health Annex

All physical health findings are closed.

Mental Health Main Unit

MH-8 & MH-22 will remain open and all other mental health portions are closed.

Mental Health Annex

All mental health portions are closed.

Until appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely be completed off-site.